

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No: 63-31785

Exam Date: 3/7/2012

1. Current Owner: CORP OF THE PRESIDING BISHOP
CHURCH OF JESUS CHRIST OF LATTER DAY SAINTS
REAL ESTATE SERVICES DIV
50 E NORTH TEMPLE ST
SALT LAKE CITY UT 84150-6320
(801) 240-4657
2. Accompanied by: **Steve Oldham**
Phone No: **[208] 453-2057**
Address: **2808 S. Montana Ave., Caldwell, ID 83605**
Relationship to Permit Holder: **Facilities Manager, Caldwell FM Group**

3. **SOURCE** **TRIBUTARY**
GROUND WATER

B. OVERLAP REVIEW

1. Other water rights with the same place of use: **63-31660**
2. Other water rights with the same point of diversion: **none**

C. DIVERSION AND DELIVERY SYSTEM**1. LOCATION OF POINT(S) OF DIVERSION:**

GROUND WATER

NE1/4SE1/4

Sec. 33, Twp 04N, Rge 02W, B.M.

CANYON County

Method of Determination: **GPS [E 2292313 N 1385386]**

2.

PLACE OF USE: FIRE PROTECTION

Twprge Sec	NE				NW				SW				SE				
	<u>NE</u>	<u>NW</u>	<u>SW</u>	<u>SE</u>	<u>NE</u>	<u>NW</u>	<u>SW</u>	<u>SE</u>	<u>NE</u>	<u>NW</u>	<u>SW</u>	<u>SE</u>	<u>NE</u>	<u>NW</u>	<u>SW</u>	<u>SE</u>	<u>Totals</u>
04N02W 33													X				

Method of Determination:

3. x Delivery System Diagram Attached (required). Indicate all major components and distances between components. Indicate weir size/pipe as applicable.
- x Map Attached Showing Location(s) of point(s) of diversion and place(s) of use (required). Scale must be 1:24,000 or greater.
- x Aerial Photo Attached (required for irrigation of 10+ acres).
- x Photo of Diversion and System Attached

4.

Well or Diversion

<u>ID No.*</u>	<u>Motor Make</u>	<u>Hp</u>	<u>Motor Serial No.</u>	<u>Pump Make</u>	<u>Pump Serial No. or Discharge Size</u>
FP well	Floway	150	F54839-1	unknown	1500 gpm

*Code to correspond with No. on map and aerial photo

D. FLOW MEASUREMENTS

1.

<u>Measurement Equipment</u>	<u>Type</u>	<u>Make</u>	<u>Model No.</u>	<u>Serial No.</u>	<u>Size</u>	<u>Calib. Date</u>
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2. Measurements: **NO MEASUREMENTS TAKEN****E. FLOW CALCULATIONS**

_____ Additional Computation Sheets Attached

Measured Method:

Method 1 – WELL LOG : flow measured at 1506 gpm/448.8 t o 2250 gpm/448.4 = 3.3 cfs to 5 cfs

Method 2 – THEORETICAL CALCULATION using 150 hp from motor plate, 70 psi from annual system test, 81' pumping level from well log:

$$\frac{[8.8] [150 \text{ hp}] [0.7]}{81' + [70 \text{ psi} \times 2.31]} = \frac{924}{242.7} = 3.8 \text{ cfs}$$

F. VOLUME CALCULATIONS1. Volume Calculations for Irrigation: **NOT APPLICABLE**

$$V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) =$$

$$V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation season}) \times 1.9835 =$$

$$V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} =$$

2. Volume Calculations for Other Uses:

VOLUME NOT REQUIRED FOR FIRE PROTECTION**G. NARRATIVE/REMARKS/COMMENTS**

This permit lapsed and was reinstated by IDWR, and the priority date advanced to 10/3/2007. The correct fee was paid. The permitted use was fire protection and the 3.3 cfs permitted was the diversion rate required by the Nampa Fire Dept.

This 16-inch fire protection well is located inside a pump house southwest of the church. A different well, permitted

← showed her
10/9/2003.
KW

under 63-31660, is used to pressurize the fire protection system. The water for fire protection is pumped underground via an 8" buried pipe to a hydrant for use by the Nampa Fire Dept. and is also pumped to the pump room on the south side of the church for the internal fire sprinkler system. It is evident in the pump room that the domestic system that supplies water for internal use in the church is plumbed separately from the fire protection system.

The fire protection system was not operating the day of the exam but is tested annually. The applicant provided test result for 2011. The system produced 1500 gpm to 2250 gpm at 70 psi during the 2011 test. The applicant did not have pump specs. The motor faceplate was visible during the exam.

The well log for this well incorrectly lists the associated water right as 63-31786 which is a permit associated with an LDS church in Middleton with a different legal description. The legal description of the well and the address corresponds with this permit.

The well log and annual test provides a well yield of between 1500 to 2250 gpm or 3 to 5 cfs.

The theoretical flow was calculated using 81' as the pumping level from the well log, 70 psi from the annual test and 150 hp from the motor faceplate, for a result of 3.8 cfs. Based on the theoretical calculation, 3.3 cfs is reasonable and will be recommended for licensing.

Have conditions of permit approval been met? ☒ Yes ☐ No

H. RECOMMENDATIONS

1. Recommended Amounts

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>DIVERSION RATE</u>	<u>ANNUAL VOLUME</u>
FIRE PROTECTION	01/01 to 12/31	3.300 CFS	
<u>Totals:</u>		3.300 CFS	

2. Recommended Amendments

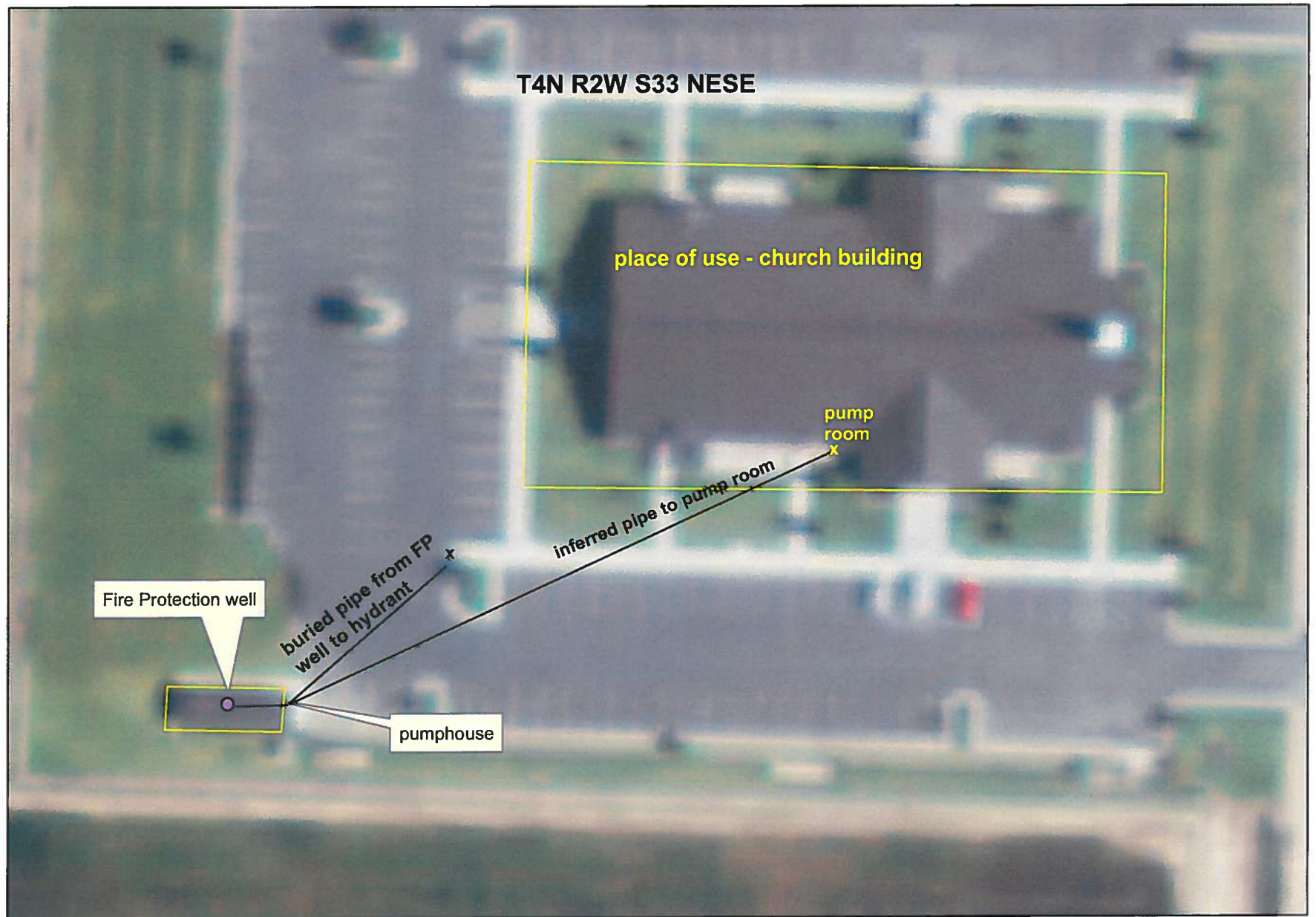
☐ Change P.D. as reflected above ☐ Add P.D. as reflected above ☒ None

☐ Change P.U. as reflected above ☐ Add P.U. as reflected above ☐ Other

I. AUTHENTICATION

Field Examiner's Name Wicki Warril Date 4-27-12

Reviewer _____ Date _____

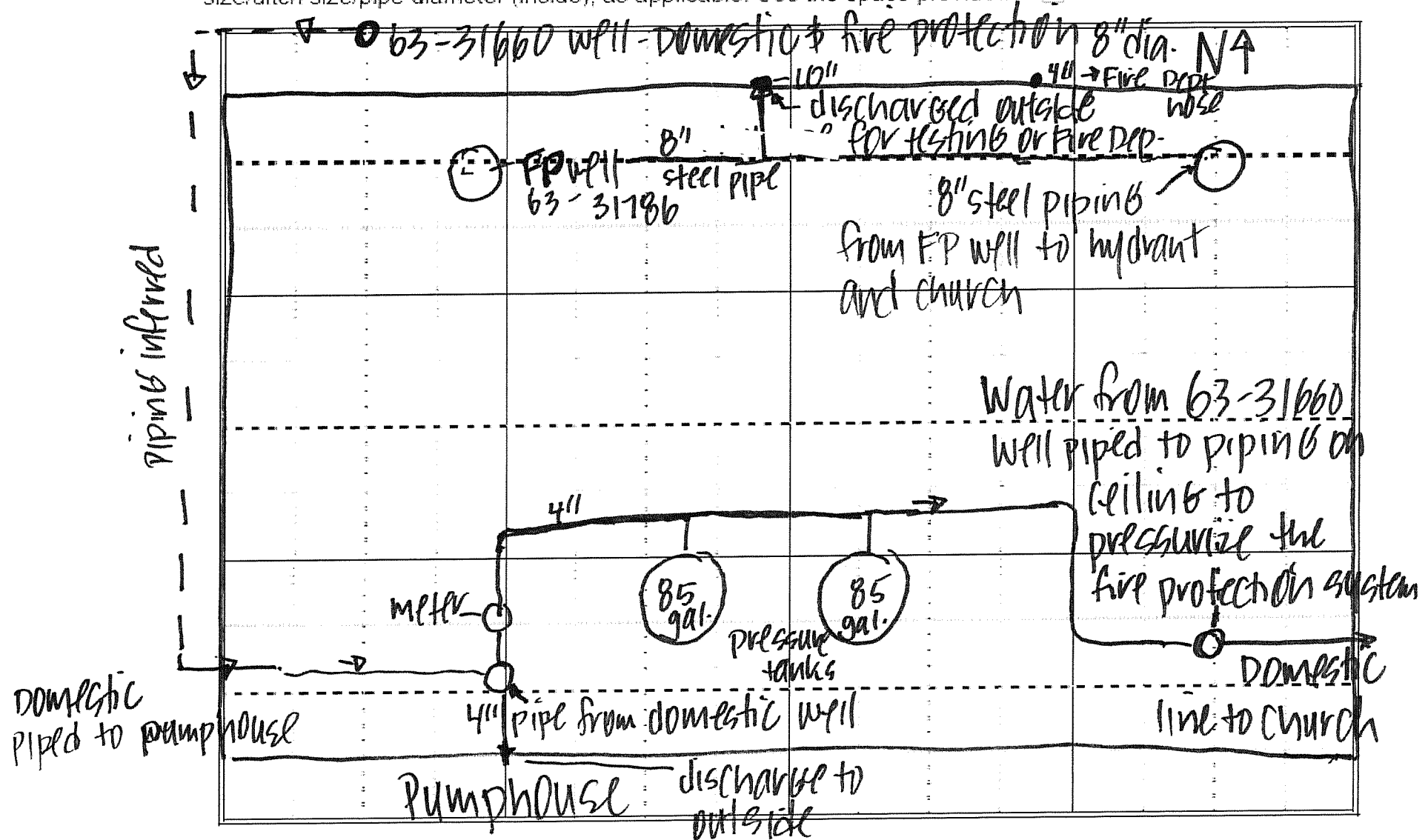


63-31785



Fire protection 63-31786 and internal domestic & fire protection (to pressurize FP) 63-31660

3. **Delivery System Diagram:** Indicate all major components and distances between components. Indicate weir size/ditch size/pipe diameter (inside), as applicable. Use the space provided or ☐ see attached.



Scale: 1" = _____

- ☐ Copy of USGS Quadrangle attached showing location(s) of point(s) of diversion and place(s) of use (required)
- ☐ Aerial photo attached (required for irrigation of 10+ acres)
- ☐ Photo of diversion and system attached

4/2011

IDAHO DEPARTMENT OF WATER RESOURCES
FIELD EXAMINERS
WELL INSPECTION FORM

1. IDENTIFICATION # D0030864 (Tag #, etc.)

OTHER APPLICABLE # 63-31785 (Water right #, etc.)

2. OWNER LDS Church Phone _____

Address _____ City _____

State _____ Zip _____ Email _____

3. WELL LOCATION (GPS required in Degrees Decimal Minutes – use PLS if GPS not available)

Lat. 43.6405 Long. -116.5749

Twp 4N Rge 2W Sec 33 $\frac{1}{4}$ NE $\frac{1}{4}$ SE

4. WELL CONSTRUCTION ☒ Well log attached ☐ Well log not found

Any obvious construction problems that may be a source for contamination or waste? ☐ Yes ☒ No

If yes, describe below &/or see attached (list any that apply): ☒ Photos ☐ Diagram ☐ Other

5. HYDROLOGIC INFORMATION

Static water if measured _____ ft. Water temperature if measured _____ °F

Flowing artesian ☐ Yes ☐ No Pressure if measured _____ psi

NOTES

* well log incorrectly states log is for 63-31786
which is in different legal description.

INSPECTED BY

Wendy Vanelec

DATE

3/7/12

* should be WR# 63-31786

Form 238-7
6/02

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only
Well ID No. 809493
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: _____ : _____ : _____ Long: _____ : _____ : _____

1. WELL TAG NO. D 00030864
DRILLING PERMIT NO. 880575-809493
Water Right or Injection Well No. 63-31786

2. OWNER:

Name Church of Jesus Christ of Latter-day Saints
Address Real Estate Division, 12th Floor East 50 E. Nampa
City Salt Lake City State Ut. Zip 84150

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 4 North ☒ or South ☐
Rge. 2 East ☐ or West ☒
Sec. 33 NE 1/4 NE 1/4 SE 1/4
Gov't Lot N/A County Canyon
Lat: _____ : _____ : _____ Long: _____ : _____ : _____

Address of Well Site 18401 North side Road.

City Nampa

Lot N/A Blk N/A Sub. Name N/A

4. USE:

☐ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☒ Other Fire Protection

5. TYPE OF WORK check all that apply

(Replacement etc.)

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

6. DRILL METHOD:

☐ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other Reverse Rotary

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
Bentonite 3"	0	167'	42500#	overbore & pack
Bentonite 3"	260	290	2500#	Dry Pour

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s) _____

Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
16" x 3	180'	315'	315	Steel	☒	☐	☒	☐
16" 200'	215'	325'	325	Steel	☒	☐	☒	☐
16" 255'	264'	325'	325	Steel	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe 9'

Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____

Screen Type & Method of Installation Johnson Wire Wrap

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
180'	200'	.035		16"	S.S.	☒	☐
215'	255'	.035		16"	S.S.	☒	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
6552 #8 #12	161'	260'	21000#	Dry Pour

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

18' ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or control devices: _____

2" Pipe off side

12. WELL TESTS:

☒ Pump ☐ Bailor ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
1560 G.P.M.	45'	59'	2 hrs
2250 G.P.M.	67'	81'	45 minutes

Water Temp. _____

Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
24"	0	5'	Topsoil		
	5'	10'	Clayey Clay		
	10'	50'	River Rock		
	50'	152'	Tan Clay stks sand.		
	152'	159'	Med Sand.		
	159'	167'	Tan Clay		
	167'	205'	Med Sand		
	205'	215'	Clay Tan stk sand		
	215'	255'	Med to coarse sand		
	255'	265'	Tan Clay stks sand		
	265'	293'	Tan Clay stks sand.		

RECEIVED

JAN 23 2004

WATER RESOURCES
WESTERN REGION

Completed Depth 264' (Measurable)

Date: Started 10-30-03 Completed 12-20-03

14. DRILLER'S CERTIFICATION

I/we certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name Riverside Inc Firm No. 333

Principal Driller Todd Hark Date 1-13-04

Driller or Operator [Signature] Date _____

Operator I [Signature] Date 1-13-04

Principal Driller and Big Operator Required.
Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES

RATE &/OR STORAGE RECOMMENDED FOR LICENSING

LESSER OF FOUR CHOICES

1) Permit amount 3.3 cfs &/or _____ af storage

2) Beneficial use limit n/a cfs &/or _____ af storage
for fire protection

3) System measurement 3.8 cfs &/or _____ af storage

4) Proof fee amount 4.- cfs &/or _____ af storage

Recommended Amount 3.3 cfs &/or _____ af storage

NOTES

1) Can never exceed permit amount.

2) Beneficial use limits are recognized standards: 0.03 cfs for up to 5 acres, 0.02 cfs beyond 5 acres, stockwater chart, in-house domestic chart etc. Some exceptions acceptable if already approved in permit: excessive rate for parks etc.

3) System measurement can be actual measurement reflecting typical operations or theoretical measurement or some combination of both if actual measurement does not reflect true capacity of system based on other supporting information. Be cautious about using just theoretical measurement to limit the amount of water.

4) Confirm correct proof fee was paid. See "wr field exams/proof fees-2 schedules" for pre 11/1/1991 schedule and for on/after 11/1/1991 schedule.

If permit includes rate of flow and storage, fee is the greater amount for those two categories. Example with current filing fees:

1.0 cfs = \$100

15 af = \$50

required fee = \$100

If proof paid amount is the limiting factor for recommended flow/storage, confirm this was addressed in proof process but owner declined to pay more. If cannot confirm owner was provided a chance to pay correct fee, use 30-day letter for last chance to pay. Without additional payment, allow maximum rate/storage per fee paid.

SHILO AUTOMATIC SPRINKLERS, INC.
1224 11th Ave. North
Nampa, IDAHO 83687
24 HOUR SERVICE 208-466-0006

Northside

Insp. Contract No.
Bureau File No.

REPORT TO Caldwell - Nampa ID FM Group
STREET 142 Smith Ave #B
CITY & STATE Nampa ID 83651

43
18463 Northside Blvd
BUILDING OR LOCATION Nampa
INSPECTOR _____
DATE 6-28-11

	Yes	N. A. ±	No*
1. GENERAL			
a. Is the building occupied	X	xxxxx	
b. Is occupancy same as previous inspection	X	xxxxx	
c. Are all systems in service	X	xxxxx	
d. Are all fire protection systems same as last inspection	X		
e. Is building completely sprinklered	X	xxxxx	
f. Are all new additions and building changes properly protected	X		
g. Is all stock or storage properly below sprinkler piping	X		
h. Was property free of fires since last inspection (Explain any fire on Page 2)	X		
i. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics, perimeter areas and are all exterior openings protected against entrance of cold air	K	xxxxx	
2. CONTROL VALVES (See Section 16)			
a. Are all sprinkler system main control valves open	X	xxxxx	
b. Are all other valves in proper position	X	xxxxx	
c. Are all control valves in good condition and sealed or supervised	X	xxxxx	
3. WATER SUPPLIES (See Section 17) — Was a water flow test made and results satisfactory		xxxxx	
4. TANKS, PUMPS, FIRE DEPT. CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained.	X		
b. Are fire dept. connections in satisfactory condition, couplings free, caps in place and check valves tight			K
5. WET SYSTEMS (See Section 13)			
a. Are cold weather valves open or closed as necessary	X		
b. Have anti-freeze systems been tested and left in satisfactory condition — 3 in file — 7 out building	X		
c. Are alarm valves, water flow indicators and retards in satisfactory condition	X		
6. DRY SYSTEMS (See Section 14)			
a. Is dry valve in service and in good condition		X	
b. Is air pressure and priming water level normal			
c. Is air compressor in good condition			
d. Were low points drained during fall and winter inspections			
e. Are Quick Opening Devices in service			
f. Has piping been checked for stoppage within past 10 years			
g. Has piping been checked for proper pitch within past 5 years			
h. Have dry valves been trip tested satisfactorily as required			
i. Are dry valves adequately protected from freezing			
j. Valve house and heater condition satisfactory			
7. SPECIAL SYSTEMS (See Sections 15 and 18)			
a. Were valves tested as required			
b. Were all heat responsive systems tested and results satisfactory			
c. Were supervisory features tested and results satisfactory			
8. ALARMS			
a. Water motor and gong test satisfactory			
b. Electric alarm test satisfactory	X		
c. Supervisory alarm service test satisfactory	X		
9. SPRINKLERS — PIPING			
a. Are all sprinklers in good condition, not obstructed, and free of corrosion or loading	X	xxxxx	
b. Are all sprinklers less than 50 years old	X	xxxxx	
c. Are extra sprinklers readily available	X	xxxxx	
d. Is condition of piping, drain valves, check valves, hangers, pressure gauges, open sprinklers, strainers satisfactory	X	xxxxx	
e. Are all sprinklers of proper temperature rating	X	xxxxx	
f. Are portable fire extinguishers in good condition	X		
g. Is hand hose on sprinkler systems satisfactory		X	

* * * * * NOT RESPONSIBLE FOR ORIGINAL DESIGN, CALCULATION OR INSTALLATION * * * * *

INSPECTION WITNESSED FOR PROPERTY OWNER BY _____

DATE

TITLE

- [illegible]

Report of Inspections Of Fire Pumps

Owner: <u>Caldwell - Nampa ID FM Group</u>
Owner's Address: <u>142 Smith Ave. #B- Nampa ID 83651</u>
Property Being Inspected: <u>LDs Church</u>
Property Address: <u>18463 Northside Blvd Nampa</u>
Date of Inspection: _____

This inspection is: ☐ Monthly ☐ Quarterly ☐ Semiannual ☒ Annual ☐ Third Year ☐ Fifth Year

Note: All questions are to be answered Yes, No, or Not Applicable. All "NO" answers are to be explained in the comment portion of this form.

Part I - Owner's Section

- A. Is fire pump in service? ☒ Yes ☐ No ☐ N/A
- B. Has the fire pump remained in service since last inspection? ☒ Yes ☐ No ☐ N/A
- C. Was the system (of which the fire pump is a part) free from actuation of devices or alarms since the last inspection? ☒ Yes ☐ No ☐ N/A

Note to owner: Periodic test of transfer switches and emergency generators are to be performed by a qualified electrical contractor in accordance with NFPA #110.

Owner or Representative (Print Name) _____

Signature & Date _____

	Pump Test Results		
	No Flow	Rated Flow	Peak Flow
Suction Pressure	NA	NA	NA
Discharge Pressure	131	113	70
Flow (GPM)	N/A	1500	2250

Part II - Inspector's Section

A. Inspections

General Inspection

- Pump house / room at least 40° F? ☒ Yes ☐ No ☐ N/A
- Suction, discharge and bypass valves open? ☒ Yes ☐ No ☐ N/A
- Piping free from leaks? ☒ Yes ☐ No ☐ N/A
- Suction and system gauges normal? ☒ Yes ☐ No ☐ N/A
- Suction reservoir, if provided, full? ☐ Yes ☐ No ☒ N/A
- Controlling Indicating power "ON"? ☒ Yes ☐ No ☐ N/A
- Transfer switch indicating normal situation? ☐ Yes ☐ No ☒ N/A
- Isolation switch closed? ☒ Yes ☐ No ☐ N/A
- Reverse phase alarm indicator "OFF" or normal phase rotation indicator "ON"? ☒ Yes ☐ No ☐ N/A
- Circulation relief valve flowing water while pump churns? ☐ Yes ☐ No ☒ N/A
- Pressure relief valves operating with proper pressure downstream while pump is operational? ☐ Yes ☐ No ☒ N/A

Diesel Pumps

- Pump house / room for diesels without engine heaters at least 70° F? ☐ Yes ☐ No ☐ N/A
- Ventilating louvers free to operate? ☐ Yes ☐ No ☐ N/A
- Oil Level in vertical motor sight normal? ☐ Yes ☐ No ☐ N/A
- Diesel engine inspection:
 - Fuel tank at least 2/3 full? ☐ Yes ☐ No ☐ N/A
 - Controller selector switch in Auto position? ☐ Yes ☐ No ☐ N/A
 - Battery voltage and readings normal? ☐ Yes ☐ No ☐ N/A
 - Battery charging current readings normal? ☐ Yes ☐ No ☐ N/A
 - Battery indicators "ON" or failure indicators "OFF"? ☐ Yes ☐ No ☐ N/A
 - All alarm indicators "OFF"? ☐ Yes ☐ No ☐ N/A
 - Record engine running time meter. Is this appropriately higher than previous reading? ☐ Yes ☐ No ☐ N/A
 - Oil level in right angle gear drive normal? ☐ Yes ☐ No ☐ N/A
 - Crankcase oil level normal? ☐ Yes ☐ No ☐ N/A
 - Colling water level normal? ☐ Yes ☐ No ☐ N/A
 - Electrolyte level in batteries normal? ☐ Yes ☐ No ☐ N/A
 - Battery terminals free from corrosion? ☐ Yes ☐ No ☐ N/A
 - Water-jacket heater operating? ☐ Yes ☐ No ☐ N/A

Electrical Flow and Current

	210	210	209
Pump Speed (RPM)	1770	1770	1770

B. Tests

Method A test: Discharge of flow
Flow readings taken at each hose stream.

Method B test: Discharge through by-suction reservoir. Flow readings taken by

Method C test: Discharge through by-returned to pump suction. Flow readings

Note: At least once every three years A Are the values in the above table acceptable?

☒ Yes ☐ No ☐ N/A

No alarm indications or other visible abnormalities observed during no-flow test?

☒ Yes ☐ No ☐ N/A

1. Low suction throttling device test:

a. Low suction pressure simulated?

☐ Yes ☐ No ☒ N/A

b. Free from abnormalities in throttling action?

☐ Yes ☐ No ☒ N/A

c. Free from abnormalities in return to full flow?

☐ Yes ☐ No ☒ N/A

2. Automatic transfer switch test:

a. Power failure simulated during peak flow?

☐ Yes ☐ No ☒ N/A

b. Connection made to alternate power source?

☐ Yes ☐ No ☒ N/A

c. After simulation of terminated power failure did motor reconnect to the normal power source?

☐ Yes ☐ No ☒ N/A

d. All alarm conditions simulated?

☐ Yes ☐ No ☒ N/A

e. All alarms operated?

☐ Yes ☐ No ☒ N/A

3. Pump starting automatically?

a. Record starting pressure 140 psi.

☒ Yes ☐ No ☐ N/A

4. Pump run for 30 minutes?

☒ Yes ☐ No ☐ N/A

a. Record suction pressure N/A psi and discharge 131 while running.

5. Pump packing gland showing slight discharge?

☒ Yes ☐ No ☐ N/A

Adjust if necessary

6. Free from unusual noise or vibrations?

☒ Yes ☐ No ☐ N/A

7. Packing boxes, bearings & pump casing free from overheating?

☒ Yes ☐ No ☐ N/A

8. For automatic stop controllers, record time pump runs after starting. 1044

9. All times & pressures in Part B above acceptable?

☒ Yes ☐ No ☒ N/A

C. Diesel Engine Driven Pumps:

1. Record time for engine to crank

2. Record time for engine to reach running speed.

3. Engines oil pressure gauge, speed

Indicator, water and oil temperature

Indications all reading normal?

☐ Yes ☐ No ☒ N/A

4. Cooling water flowing from heat

exchange?

☐ Yes ☐ No ☒ N/A

5. All times & pressures in Part C above acceptable?

☐ Yes ☐ No ☒ N/A

D. Regular Maintenance Items Reviewed:

General

1. Isolation switch & circuit breaker exercised?

☒ Yes ☐ No ☐ N/A

2. Electrical system free of wire chafing?

☒ Yes ☐ No ☐ N/A

3. Manual starting means on electrical system operated?

☒ Yes ☐ No ☐ N/A

4. Boxes, panels & cabinets on electrical system clean?

☒ Yes ☐ No ☐ N/A

5. Shaft & play acceptable?

☒ Yes ☐ No ☐ N/A

6. Pump coupling alignment acceptable?

☒ Yes ☐ No ☐ N/A

7. Circuit breakers passed trip test?

☒ Yes ☐ No ☐ N/A

8. Electrical connections secure?

☒ Yes ☐ No ☐ N/A

Diesel Pumps

1. Fuel tank level, tank float switch, and solenoid valve operation acceptable?

☐ Yes ☐ No ☒ N/A

2. Diesel fuel system free of water?

☐ Yes ☐ No ☒ N/A

3. Flexible hose & connections in fuel and coolant systems acceptable?

☐ Yes ☐ No ☒ N/A

4. Oil level & lube oil heater acceptable?

☐ Yes ☐ No ☒ N/A

5. Coolant level acceptable?

☐ Yes ☐ No ☒ N/A

6. Water pump for coolant system operating?

☐ Yes ☐ No ☒ N/A

7. Jacket water heater for coolant system acceptable?

☐ Yes ☐ No ☒ N/A

8. Exhaust system free of leakage?

☐ Yes ☐ No ☒ N/A

9. Electrolyte level in batteries acceptable?

☐ Yes ☐ No ☒ N/A

10. Connections to electrical system acceptable?

☐ Yes ☐ No ☒ N/A

11. Battery case clean, dry & free from corrosion?

☐ Yes ☐ No ☒ N/A

12. Circuit breakers appear clean?

☐ Yes ☐ No ☒ N/A

13. Strainers clean, filter or dirt leg in diesel fuel system?

☐ Yes ☐ No ☒ N/A

14. Is crank case breather in lubrication systems clean?

☐ Yes ☐ No ☒ N/A

15. Is water strainer in coolant system clean?

☐ Yes ☐ No ☒ N/A

16. Insulation acceptable & fire hazards eliminated from exhaust system?

☐ Yes ☐ No ☒ N/A

17. All battery terminals clean & tight?

☐ Yes ☐ No ☒ N/A

18. Flexible exhaust section acceptable?

☐ Yes ☐ No ☒ N/A

19. Alarms operated on electrical portions of diesel engine system?

☐ Yes ☐ No ☒ N/A

20. Emergency manual starting means operated without power?

☐ Yes ☐ No ☒ N/A

21. Fuel piping acceptable?

☐ Yes ☐ No ☒ N/A

22. Duct work & louvers (combustion air) acceptable?

☐ Yes ☐ No ☒ N/A

23. Exhaust hangers & supports acceptable?

☐ Yes ☐ No ☒ N/A

Part III - Comments (Any "No" answers. Test failures problems found with the sprinkler system must be explained here or attached.)

Shiller 190-152

Part IV - Inspector's Information

Inspector:

Company Name: Shilo Automatic Sprinkler, Inc.

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operation condition upon completion of this inspection except as noted in Part III of this report.

Signature of Inspector:

Date: 7-21-11

Store Number:

INSPECTION AND TESTING FORM

SERVICE ORGANIZATION

Name: SHILO FIRE
Address: 1224 17th AVE N Nampa ID
Representative: KEN ROULE
License No.: ELE-SJ-37486
Telephone: 466-0006

MONITORING ENTITY

Contact: Church Security
Telephone: 6800 5877315
Monitoring Account Ref. No.: 3818772

TYPE TRANSMISSION

- ☐ McCulloh
☐ Multiplex
☒ Digital
☐ Reverse Priority
☐ RF
☐ Other (Specify) _____

Control Unit Manufacturer: Silent Knight
Circuit Styles: SCC

Number of Circuits: _____

Software Rev.: _____

Last Date System Had Any Service Performed: _____

Last Date That Any Software or Configuration Was Revised: _____

DATE: 6-27-11
TIME: 4:30

PROPERTY NAME (USER)

Name: Caldwell-Nampa ID PM office
Address: 18463 Northside Blvd, Nampa
Owner Contact: Darrin Heaps
Telephone: (208) 467-2421

APPROVING AGENCY

Contact: _____
Telephone: _____

SERVICE

- ☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☒ Annually
☐ Other (Specify) _____

Model No.: 5208

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
<u>11</u>		<u>11</u>	Manual Fire Alarm Boxes
<u>5</u>		<u>5</u>	Ion Detectors
<u>6</u>		<u>6</u>	Photo Detectors
<u>1</u>		<u>1</u>	Duct Detectors
<u>3</u>		<u>3</u>	Heat Detectors
<u>6</u>		<u>6</u>	Waterflow Switches
<u>1</u>		<u>1</u>	Supervisory Switches
			Other (Specify): <u>Fire pump</u>

Alarm verification feature is disabled _____ enabled X

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Smoke - |||||
Puls - |||||
Heat - |||||
Duct - |||||
Strobe - 1

Tamper - 4

PIV - 1

Knot Box - 1

Flow - 111

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ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of
Appliances Installed

Circuit Style

Quantity of
Appliances Tested

Bells
Horns / Strobes
Chimes
Strobes
Speakers
Other (Specify):

No. of alarm notification appliance circuits: _____
Are circuits monitored for integrity? ☐ Yes ☒ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of
Devices Installed

Circuit Style

Quantity of
Devices Tested

Building Temp.
Site Water Temp.
Site Water Level
Fire Pump Power
Fire Pump Running
Fire Pump Auto Position
Fire Pump or Pump Controller Trouble
Fire Pump Running
Generator in Auto Position
Generator or Controller Trouble
Switch Transfer
Generator Engine Running
Other:

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):
Quantity _____ Style(s) _____

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 Amps _____
Overcurrent Protection: Type Breaker Amps _____
Location (of Primary Supply Panelboard): Main closet Panel 3
Disconnecting Means Location: Breaker 36
(b) Secondary (Standby): _____
Calculated capacity in 24 Storage Battery: Amp-Hr Rating 7
Engine-driven generator dedicated to fire alarm system for 24 hours
Location of fuel storage: _____

TYPE BATTERY

☐ Dry Cell ☐ Lead-Acid
☐ Nickel-Cadmium ☐ Other (Specify):

☒ Sealed Lead-Acid

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
_____ Emergency system described in NFPA 70, Article 700
_____ Legally required standby described in NFPA 70, Article 701
_____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701

NOTIFICATIONS ARE MADE

Monitoring Entity
Building Occupants
Building Management
Other (Specify)
AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes
☒
☒
☒
☒
☒

No
☐
☐
☐
☐
☐

Who

Time

SYSTEM TESTS AND INSPECTIONS

TYPE

Control Unit
Interface Equipment
Lamps/L.E.D.s
Fuses
Primary Power Supply
Trouble Signals
Disconnect Switches
Ground-Fault Monitoring

Visual

Functional

Comments

☒
☒
☒
☒
☒
☒
☒
☒

☒
☒
☒
☒
☒
☒
☒
☒

SECONDARY POWER

TYPE

Battery Condition
Load Voltage
Discharge Test
Charger Test
Specific Gravity

Visual

Functional

Comments

☒

☒
☒
☒
☒
☒

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible
Visible
Speakers
Voice Clarity

☐
☒
☒
☒
☒
☒
☒
☒

☐
☒
☒
☒
☒
☒
☒
☒

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
Exit	Pull	☒	☒			☒	☐
Hallway/Adm'n	Smoke	☒	☒			☒	☐
Attic	Ducts	☒	☒			☒	☐
Riser room	Flow	☒	☒			☒	☐
VI	Temp	☒	☒			☒	☐
Pump house	Pump	☒	☒			☒	☐

Comments:

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	☒	☒	
Phone Jacks	☒	☒	
DN-Hook Indicator	☒	☒	
Amplifier(s)	☒	☒	
Tone Generator(s)	☒	☒	
Call-in Signal	☒	☒	
System Performance	☒	☒	

COMBINATION SYSTEMS

	Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System	☐	☐	☐
Carbon Monoxide Detector/System	☐	☐	☐
(Specify) _____	☐	☐	☐

INTERFACE EQUIPMENT

(Specify) _____	☐	☐	☐
(Specify) _____	☐	☐	☐
(Specify) _____	☐	☐	☐

SPECIAL HAZARD SYSTEMS

(Specify) _____	☐	☐	☐
(Specify) _____	☐	☐	☐
(Specify) _____	☐	☐	☐

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	☒	☐		
Alarm Restoration	☒	☐		
Trouble Signal	☒	☐		
Trouble Signal Restoration	☒	☐		
Supervisory Signal	☒	☐		
Supervisory Restoration	☒	☐		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	☐	☐		
Monitoring Agency	☒	☐		
Building Occupants	☐	☐		
Other (Specify) _____	☐	☐		

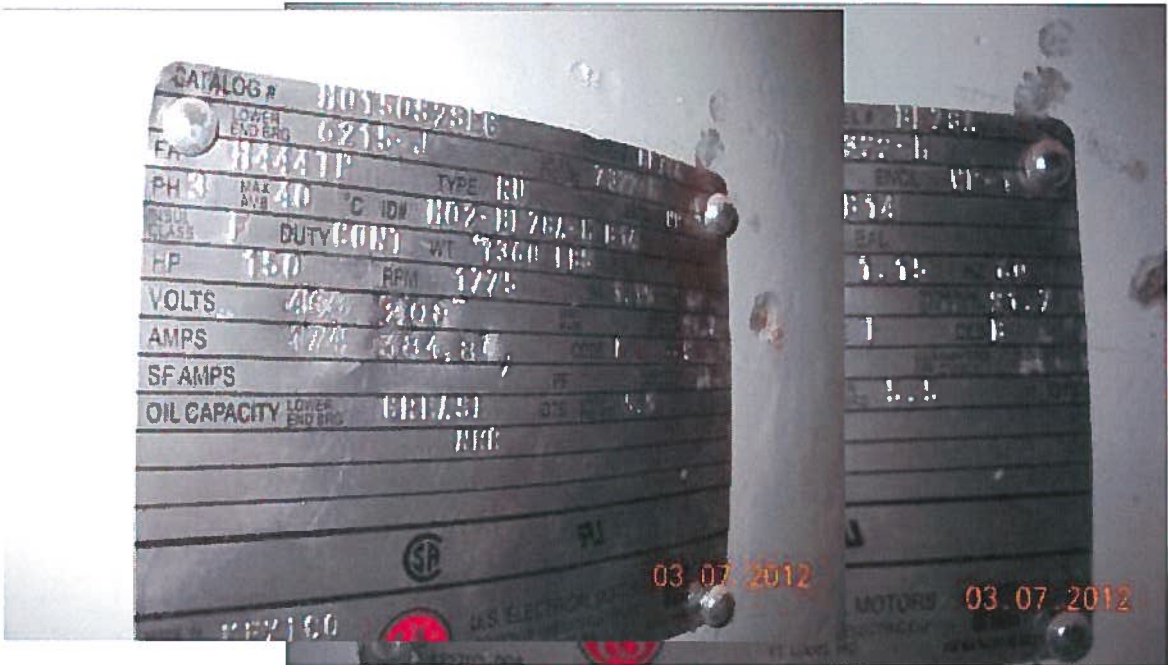
The following did not operate correctly: _____

System restored to normal operation: Date: 6-28-11 Time: 12:30

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

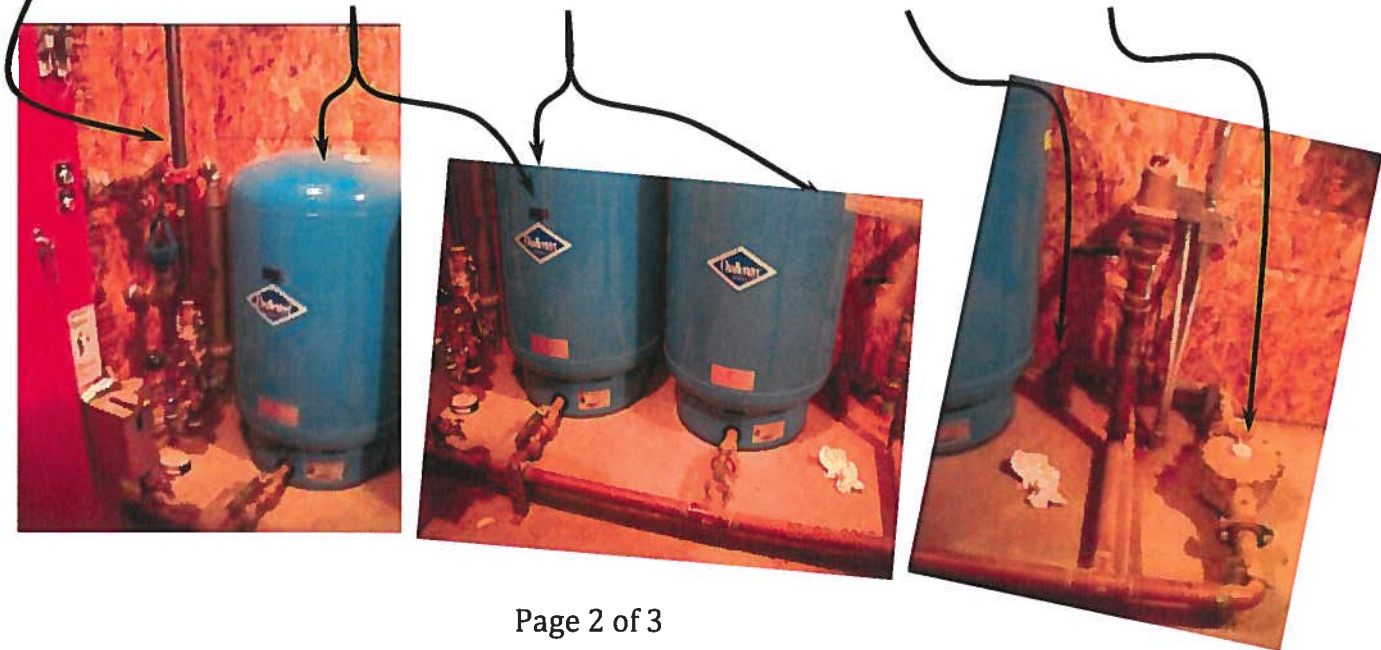
Name of Inspector: Jeff Wadsworth Date: 6-28-11 Time: 12:00
 Signature: [Signature]
 Name of Owner or Representative: Darrin Heaps Date: _____ Time: _____
 Signature: DN File

Motor tag associated with the fire protection well.



The middle photo shows the two 85 gallon pressure tanks associated with the domestic system. The photo on the right shows the incoming pipeline from the well with the flow going through the meter on the right and then to the two tanks.

The left photo shows the plumbing for the domestic plumbed to the church. The line going up is tied into the fire protection system to maintain a positive pressure on that delivery system. Same tank same tank incoming line flow meter



Looking southeast at the domestic system inside the well house.



Photo below shows the domestic and fire protection system located in the pump room inside the church.



The domestic system is the white covered line system shown on the right side of the photo. Looking south.

The red and orange plumbing is associated with the fire protection system. The system is normally isolated from the well and is a glycol charged system under pressure. If pressure drops an automatic valve will open and engage the fire protection well to deliver water through the sprinkler systems.

Looking northeast. The fire protection well is inside the well house to the right. Fire protection use for the church in the background.



Interior of the well house. Photo left - the fire protection well. Pressure gauge and associated fire protection plumbing seen along the north wall.

